

HIPAA CROSSWALK – CLINIC

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Federally Qualified Health Centers (FQHC)			
9950Z COMMUNITY HEALTH CARE CLINIC VISIT	T1015 Clinic visit/encounter, all- inclusive	SE State and/of federally funded programs/services	
30FQC COLUMBIA ROAD HLTH SVCS FQHC	T1015 Clinic visit/encounter, all- inclusive	SE State and/of federally funded programs/services	
54FQC UNITY HEALTH PLAN FQHC	T1015 Clinic visit/encounter, all- inclusive	SE State and/of federally funded programs/services	

HIPAA CROSSWALK – CLINIC

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
YA600 WHITMAN / WALKER COMPREHENSIVE MEDICAL THERAPY	T1015 Clinic visit/encounter, all- inclusive	SE State and/of federally funded programs/services	
9994Z COMMUNITY OF HOPE CLINIC VISIT	T1015 Clinic visit/encounter, all- inclusive	SE State and/of federally funded programs/services	
9994X COMMUNITY MEDICAL CARE CLINIC VISIT	T1015 Clinic visit/encounter, all- inclusive	SE State and/of federally funded programs/services	

HIPAA CROSSWALK – CLINIC

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
YA620 LA CLINICA DEL PUEBLO - CLINIC SVCS	T1015 Clinic visit/encounter, all- inclusive	SE State and/of federally funded programs/services	
Y3529 CLINIC VISIT (EXAM, OT, SP THERAPY) - MAZIQUE PARENT CHILD CENTER	T1015 Clinic visit/encounter, all- inclusive	SE State and/of federally funded programs/services	
CMV01 CNMC MOBILE CLINIC VAN	T1015 Clinic visit/encounter, all- inclusive	SE State and/of federally funded programs/services	

HIPAA CROSSWALK – CLINIC

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Planned Parenthood			
W9919 (PLANNED PARENT) INITIAL F/P VISIT - MALE OR FEMALE FP VISIT	T1015 Clinic visit/encounter, all- inclusive		Service is capped at one every 12 months.
W9927 (PLANNED PARENT) FAMLY PLANNING ROUTINE CHECKUP - MALE OR FEMALE CHECK UP	T1015 Clinic visit/encounter, all- inclusive	52 Reduced services	Service is capped at one every 12 months.
W9930 (PLANNED PARENT) FAMLY PLANNING VISIT, STD SYMPTOMS ROUTINE W/ NO SUPPLIES	T1015 Clinic visit/encounter, all- inclusive	SC Medicaid Family Planning Program	Service is capped at one every 3 months.

HIPAA CROSSWALK – CLINIC

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
W9935 PP F/P ROUTINE, CHLAMYDIA TREATM & RX	T1015 Clinic visit/encounter, all- inclusive	TF Intermediate level of care	Service is capped at one every 3 months.
W9923 (PLANNED PARENT) INIT F/P VST MALE OR FEMALE/STD SYMPTOMS	T1015 Clinic visit/encounter, all- inclusive	TG Complex/high-tech level of care	Service is capped at one every 3 months.
W9931 PLANNED PARENTHOOD INITIAL VISIT, NO STD SYMPTOMS, 12 MONTHS SUPPLY ORAL CONTRACEPTIVES	T1015 Clinic visit/encounter, all- inclusive	U1 Medicaid level of care 1, as defined by each state	Oral contraceptives will be limited to a 6 months supply rather than 12 months. Service is capped at one every 6 months.

HIPAA CROSSWALK – CLINIC

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
W9928 (PLANNED PARENT) FAMLY PLANNING VISIT ROUTINE W/ 6 MO SUPPLY ORAL CONTRACEPTIVES	T1015 Clinic visit/encounter, all- inclusive	U2 Medicaid level of care 2, as defined by each state	Service is capped at one every 6 months.
W9922 (PLANNED PARENT) INITIAL FAMILY PLANNING WITH OTHER CONTRACEPTION	T1015 Clinic visit/encounter, all- inclusive	U3 Medicaid level of care 3, as defined by each state	Service is capped at one every 6 months.
W9921 (PLANNED PARENT) INITIAL VISIT, NO STD SYMPTOMS, IUD	T1015 Clinic visit/encounter, all- inclusive	U4 Medicaid level of care 4, as defined by each state	Service is capped at one every 6 months.

HIPAA CROSSWALK – CLINIC

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
W9920 (PLANNED PARENT) INITIAL VISIT WITH 3 MONTHS SUPPLY ORAL CONTRACEPTIVES	T1015 Clinic visit/encounter, all- inclusive	U5 Medicaid level of care 5, as defined by each state	Service is capped at one every 3 months.
W9926 (PLANNED PARENT) INITIAL FAMILY PLANNING VISIT, STD SYMPTOMS & DIAPHRAM OR CAP	T1015 Clinic visit/encounter, all- inclusive	U6 Medicaid level of care 6, as defined by each state	Service is capped at one every 6 months.
W9924 (PLANNED PARENT) INITIAL FAMILY PLANNING VISIT, /STD SYMPTOMS & 3 MONTHS SUPPLY ORAL CONTRACEPTIVES	T1015 Clinic visit/encounter, all- inclusive	U7 Medicaid level of care 7, as defined by each state	Service is capped at one every 3 months.

HIPAA CROSSWALK – CLINIC

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
W9925 PLANNED PARENTHOOD RETURN VISIT, STD SYMPTOMS, IUD	T1015 Clinic visit/encounter, all- inclusive	U8 Medicaid level of care 8, as defined by each state	Service is capped at one every 6 months.
W9932 (PLANNED PARENT) FAMLY PLANNING RETURN VISIT W/ STD SYMPTOMS AND 1 YR SUPPLY ORAL CONTRACEPTIVES	T1015 Clinic visit/encounter, all- inclusive	FP Service provided as part of Medicaid Family Planning Program	Oral contraceptives will be limited to a 6 months supply rather than 12 months. Service is capped at one every 6 months.
W9933 PLANNED PARENTHOOD RETURN VISIT, NO STD SYMPTOMS, 3 MO ORAL CONTRACEPTIVES	T1015 Clinic visit/encounter, all- inclusive	U9 Medicaid level of care 9, as defined by each state	Service is capped at one every 3 months.

HIPAA CROSSWALK – CLINIC

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
W9934 PLANNED PARENTHOOD RETURN VISIT, NO STD SYMPTOMS, 12 MONTHS ORAL CONTRACEPTIVES	T1015 Clinic visit/encounter, all- inclusive	UA Medicaid level of care 10, as defined by each state	Oral contraceptives will be limited to a 6 months supply rather than 12 months. Service is capped at one every 6 months.
Y3030 NORPLANT INSERTION AND FOLLOWUP	A4260 Levonorgestrel (contraceptive) implants system, including implants and supplies	UB Medicaid level of care 11, as defined by each state	Service is capped at one every 12 months.
Y3031 NORPLANT REMOVAL AND POSTREMOVAL VISIT	20670 Removal of implant; superficial, (eg, buried wire, pin or rod) (separate procedure)	UC Medicaid level of care 12, as defined by each state	Service is capped at one every 12 months.

HIPAA CROSSWALK – CLINIC

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Other clinic (not FQHC or Planned Parenthood)			
DCK01 PLACEMENT SCREENING/CSFA	T1023 Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter		
H5010 – Y3 IND.PSYCHOTHER/PHYSICIAN/FSMHC (45-50 min)	90806 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;		

HIPAA CROSSWALK – CLINIC

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
H5010 – Y5 INDIVIDUAL PSYCHOTHERAPY (45-50 min)	90806 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;		
H5010 THERAPY IND. BY SOCIAL WORKER (45-50 min)	90806 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;	U1 Medicaid level of care 1, as defined by each state	

HIPAA CROSSWALK – CLINIC

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
H5015 INDIVIDUAL PSYCHOTHERAPY (MHP) 45 50 min	90806 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;	HA Child/adolescent program	
H5020 PSYCHOTHERAPY GROUP MAX 7 PERS (50-60 min)	90853 Group psychotherapy	HQ Group setting	
H5030 GROUP THERAPY MD OR MHP 85 90 MIN - GROUP THERAPY 4 7 PERSONS	90857 Interactive group psychotherapy	HQ Group setting	

HIPAA CROSSWALK – CLINIC

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
H5040 COMPREHENSIVE EVALUATION	90801 Psychiatric diagnostic interview examination		Bill for this service using one of the codes shown.
H5040	90802 Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication		

HIPAA CROSSWALK – CLINIC

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
H5050 RESIDENTIAL CARE IN PRIVATE INSTITUTION	H0018 Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem		
M0600 PSYCHOLOGICAL TESTING/FSMHC - PSYCHOLOGICAL EVAL. SERVICES	96100 Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, eg, WAIS-R, Rorschach, MMPI) with interpretation and report, per hour		

HIPAA CROSSWALK – CLINIC

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Y3804 INITIAL PSYCHIATRIC CONSULT NON MD/FSMHC	99244 Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.		

HIPAA CROSSWALK – CLINIC

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
<p>Y3805</p> <p>INITIAL PSYCHIATRIC CONSULT M.D./FSMHC</p>	<p>99244</p> <p>Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.</p>	<p>AM</p> <p>Physician, team member service</p>	

HIPAA CROSSWALK – CLINIC

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Y3846 FAMILY THERAPY BY PHYSICIAN	90846 Family psychotherapy (without the patient present)		
Y3904 METHADONE TREATMENT PIDARC	T1007 Alcohol and/or substance abuse services, treatment plan development and/or modification	HG Opioid addiction treatment program	
Y3907 PRESCRIPTION /MEDICATION ASSESSMENT /FSMHC	90862 Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy		

HIPAA CROSSWALK – CLINIC

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Y3908 FAMILY THERAPY MHP FSMHC	90847 Family psychotherapy (conjoint psychotherapy) (with patient present)		
Y3990 INITIAL INDIVIDUAL HABILITATION PLAN	G9001 Coordinated care fee, initial rate	AM Physician, team member service	
Y3991 ANNUAL REASSESSMENT INDIVIDUAL HABILITATION PLAN	G9002 Coordinated care fee, maintenance rate	AM Physician, team member service	

HIPAA CROSSWALK – CLINIC

Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
Y4909 IN HOME VISIT - CENTER FAMILY HEALTH	99344 Home visit for the evaluation and management of a new patient, which requires these three components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.		

